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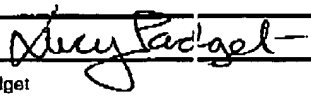
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PTO/SB/21 (09-04)

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/521,428
	Filing Date	January 14, 2005
	First Named Inventor	Vu
	Art Unit	1849
	Examiner Name	John D. Ulm
	Attorney Docket Number	100750-1P US
Total Number of Pages in This Submission		5

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Supplemental Application Data Sheet
<input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name		
Signature		
Printed name	Lucy Padgett	
Date	April 14, 2006	Reg. No. L0074

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	Liz Ashton	Date April 14, 2006

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/521,428	Applicant: Vu <i>et al.</i>
371 Filing Date: January 14, 2005	Attorney Docket No.: 100750-1P US
Examiner: John D. Ulm	Group Art Unit : 1649
Customer No.: 44992	Confirmation No.: 9952
Title: Splice Variant Cannabinoid Receptor (CB1B)	

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

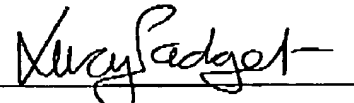
Dear Sirs

Applicants submit herewith a supplemental Application Data Sheet to correct the Citizenship of two of the inventors, and to amend the Attorney Docket Number..

In addition to the above changes the Application Data Sheet now reflects the recent changes to the address for correspondence and representative information.

The Commissioner is hereby authorized to charge any deficiency in the fees or credit any overpayment to deposit account No. 50-3231, referencing Attorney Docket No. 100750-1P US.

Respectfully submitted,



Name: Lucy C. Padget  
Dated: April 14, 2006  
Reg. No.: L0074  
Phone No.: 1 781 839 4182  
Global Intellectual Property, Patents  
AstraZeneca R&D Boston  
35, Gatehouse Drive  
Waltham, MA 02451

Enclosures: Supplemental Application Data Sheet

**BEST AVAILABLE COPY****Application Data Sheet****Application Information**

Application number:: 10/521,428  
Filing Date:: 01/14/05  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested Group Art Unit:: N/A  
CD-ROM or CD-R?: None  
Sequence submission?: None  
Computer Readable Form (CRF)?:: No  
Title:: SPLICE VARIANT CANNABINOID  
RECEPTOR (CB1B)  
Attorney Docket Number:: ~~ASZD-P01-750~~ 100750-1P US  
Request for Early Publication?: No  
Request for Non-Publication?: No  
Small Entity?: No  
Petition included?: No  
Secrecy Order in Parent Appl.?: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Huy  
Middle Name:: Khang  
Family Name:: Vu  
City of Residence:: Ville St. Laurent  
Country of Residence:: Canada  
Street of mailing address:: AstraZeneca R&D Montreal  
7171 Frederick-Banting  
City of mailing address:: Ville St. Laurent

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State or Province of mailing address:: Quebec  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: H4S 1Z9

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ~~Canada~~ France  
Status:: Full Capacity  
Given Name:: Thierry  
Family Name:: Groblewski  
City of Residence:: Ville St. Laurent  
Country of Residence:: Canada  
Street of mailing address:: AstraZeneca R&D Montreal  
7171 Frederick-Banting  
City of mailing address:: Ville St. Laurent  
State or Province of mailing address:: Quebec  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: H4S 1Z9

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ~~Sweden~~ Great Britain  
Status:: Full Capacity  
Given Name:: Peter  
Family Name:: Greasley  
City of Residence:: Mölndal  
Country of Residence:: Sweden  
Street of mailing address:: AstraZeneca R&D Mölndal  
City of mailing address:: Mölndal  
Country of mailing address:: Sweden  
Postal or Zip Code of mailing address:: S-431 83

**Correspondence Information**

Correspondence Customer Number:: ~~28420~~ 44992

**BEST AVAILABLE COPY****Representative Information**

Representative Customer Number:: 28120 44992

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/GB2003/0030 67	07/14/03

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
Sweden	0.202240-8	07/17/02	Yes

**Assignee Information**

Assignee name:: AstraZeneca AB  
Street of mailing address:: R&D Headquarters  
Global Intellectual Property Patents  
City of mailing address:: Södertälje  
Country of mailing address:: Sweden  
Postal or Zip Code of mailing address:: SE-151 85